

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Land and Water Resources

COUNTY WELL LOCATED
Sunflower

WELL NUMBER **7-2037** CODED

DATE WELL COMPLETED
11-7-01

PERMIT NUMBER

NAME OF DRILLING FIRM
Irrigation Equipment Inc.

Indianola, MS

P. O. Box 10631
Jackson, MS 39289-0631
WATER WELL DRILLERS LOG

NAME & MAILING ADDRESS OF LANDOWNER:
Sloan Rainwater
1410 Hillcrest
Jonesboro, AR 72401

Latitude:
Longitude:

WELL LOCATION: SEC TOWNSHIP RANGE
NW/SW 12 17N 4W E

DISTANCE DIRECTION NEAREST TOWN
Miles **SE** of **INverness**

OTHER LANDMARK

WELL PURPOSE: Home, Irrigation, Municipal, Industrial, Fish Pond, etc.
Irrigation

WELL DATA

Well Depth 120	Casing Diameter (In.) 16	Casing Length (Ft.) 90
Type of Casing pvc	Hole Depth 120	Depth to Static Water Level 31ft.

TYPE OF COMPLETION: (Circle One or More):
Gravel Packed, Underreamed, Telescoped,
Natural Development, Open Hole, Other
(Describe)

WELL GROUTED TO A DEPTH OF _____ FEET
Type Grout (circle one): Cement, Bentonite, or Mix

SCREEN DATA

Diameter - Inches 16	Length - Feet 30	Slot Size - Inches .050
Screen Type pvc	Depth to Bottom - Feet 120	

PUMP DATA

PUMP TYPE (Circle One):
Submersible, **Turbine**, Jet, Flowing Well,
Other (Describe)

POWER TYPE (Circle One):
Electric, Tractor, **Diesel**, Gasoline, Butane,
Other (Describe) **H/P 60**

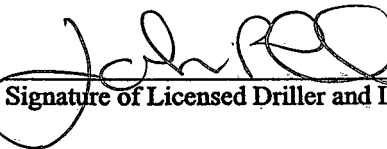
DESCRIPTION OF FORMATIONS ENCOUNTERED	FROM	TO
Clay	0	28
Fine Sand	28	38
Fine Sand/gravel	38	58
Med. Sand/gravel	58	71
Fine Sand	71	90
Med. Sand/gravel	90	120

REC'D DEC 20 2001

Top of Lap Pipe or Reduction in Casing

FEET IF TELESCOPED OR MORE THAN ONE SCREEN: USE BACK PAGE

I certify that the well was drilled, constructed and completed in accordance with all applicable Requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.


Signature of Licensed Driller and License No.

0-439

12-17-01

Date

Additional Information Required On Back

If well telescopes please sketch and show depths.

GROUND LEVEL

X			

SECTION 12

Please indicate well location X.

Pump Capacity (GPM) 2500 to 3000	No. of Stages 1	Setting Depth 70 FT.
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PUMP TEST

Well yielded _____ GPM with
a drawdown of _____ ft.
after _____ hours of pumping

LOG DATA

TYPE OF LOG RUN (Circle One): _____ No Log Run,
Electric, Gamma Ray, Density, Sonic, Neutron,
Other (Describe) _____

Name of Organization Running Log

GEOLOGIC DATA (Office Use Only)

Surface Elev.	Geologic Unit	Unit Thickness	Depth to Top
Subs. SWL	Date	Analysis	Aquifer Test

Driller's Remarks

If more than one screen,
show location of each on sketch.